DRAFT BASIC TEXT FOR A SUBMISSION OPPOSING THE PROPOSED NEW WARNING LABELS IN SWEDEN

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- Without endorsing the singling out of tobacco products as commodities which have to carry health warning labels, and

- without accepting the general principle of health warning texts, but

- being aware of the existence of a scientific controversy on certain aspects of tobacco smoking,

- we strongly oppose the lack of scientific objectivity which is expressed in the proposed warning texts,

- because it is suited to mislead rather than to inform the smoker.

Warning Texts No 1, 2, 3, and 15 :

(Literature quoted : "Third Report", ISCSH, H.M. Stationery Office, 1983, and "Passivrauchen aus medizinischer Sicht", J.G. Gostomzyk and R. Franck, Oeffentl. Gesundheitsw. 46, 582 - 587, 1984).

The issue addressed is the so-called "Passive Smoking" phenomenon, i.e. the exposure of persons to tobacco smoke in the ambient air.

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P.N. Lee states in the abtract of his paper :

"Although smokers do not appear to compensate for the reduced nicotine yield by increasing their cigarette consumption, they do achieve some compensation by altering the way in which they smoke their cigarette. This compensation is only partial, so that tar intake is reduced on average in smokers of low tar cigarettes".

In their "Third Report" the Independent Scientific Committee on Smoking and Health concludes on page 3, paragraph 7 :

".. Death rates from lung cancer are now declining among men at all ages up to 75. The interpretation of such trends is complicated ... ... but the decline is most marked in the younger age groups whose smoking experience, compared to older age groups, will have been influenced more by the lower-tar cigarettes available during the past 20 years."

They continue in paragraph 8 :

"We believe that further reductions in the tar delivery of cigarettes should maintain the downward trends in lung cancer mortality ....."

In view of the findings quoted above, the content of the warning text No. 16 appears to be particularly misleading and could even be regarded as being counter productive.

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The literature cited by the Socialstyrelse is biased, outdated and incomplete. The Independent Scientific Committee on Smoking and Health (ISCSH) in the United Kingdom under its chairman Professor Froggatt had reviewed the literature and studied the problem. In their "Third Report", published 1983, the Committee concluded (page 11, pararaph 35) :

"We believe that many of the reported associations, including that between passive smoking and lung cancer, have not been established unequivocally: rigorously planned epidemiological and other studies are needed despite the obvious technical difficulties."

In view of this uncertainty, the Austrian Society for Occupational Medicine, the German Society for Occupational Medicine, the American Health Foundation and the Bavarian Academy for Occupational Medicine in cooperation with the World Health Organisation and the International Green Cross in Geneva have, in April 1984, held a Workshop in Vienna to which researchers from the whole world who work in the field of "passive smoking" had been invited. The names include Wynder, Hoffmann, Schievelbein, Kunze, Hirayama, Garfinkel, Vutuc, Johnson, Ueberla, Lehnert and Schmähl.

The subjects discussed covered the complete range of relevant issues

- the quantification of passive smoking (dosimetry),

- possible up-take and in-take mechanisms,

- the question of hydroxyproline excretion,

- possible influences on the cardiovascular system,

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- possible influences on the pulmonary system with a detailed analysis of the Hirayama and Garfinkel work (including the review of unpublished experimental records),

- questions of annoyance and irritation, etc.

Without going into detail, the final summing up of Professor Gostomzyk and Professor Franck from the German Health Authorities should be quoted:

"Sollte der Gesetzgeber im Zusammenhang mit Passivrauchen zu legislativen Massnahmen greifen wollen, so kann er dies gegenwärtig nicht mit einer nachgewiesenen Gesundheitsgefährdung durch Passivrauchen begründen."

We object therefore particularly strongly to warning texts 1, 2, 3 and 15.

Warning Text No 8 :

(Quoted literature : "Der Einfluss des Rauchens auf die Mortalität und die Lebenserwartung der Schweizer Wohnbevölkerung", R.E. Leu and Th. Schaub, Schweiz. Med. Wschr. 113, Nr.1, 3 - 14, 1983.

The warning text compares traffic accidents with lung cancer deaths.

It is meaningless and therefore misleading to compare premature deaths which are characterised by very different age incidence rates, such as lung cancer and traffic accidents. Lung cancer predominantly strikes patients at higher age groups with a modest residual life expectation. Traffic accidents can happen at all ages and are unfortunately fairly frequent at younger ages,

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The Socialstyrelse's literature reference is rather strange. It is difficult to find any supportive evidence for their view. However, there are a few publications available on this rather minor issue and they report contrary findings.

The authors of the Swedish study cited above conclude on page 15 that the general impairment of smokers' periodontal state was "on the borderline of statistical significance" and "the result for gingival bleeding is contrary to expectation. Out of 63 pairs with different bleeding propensity the high exposed twin showed more impaired status in only 20 cases. This means that in 43 cases the low exposed twin had more impaired status. The probability of this outcome having occured by chance is less than 0.01".

The American authors state in their abstract : ".... all smokers had less plaque, gingival inflammation and tooth mobility than non smokers ..". In their conclusion on page 486 they report that ".. these data fail to establish a correlation between gingival inflammation and tobacco smoking ..".

Warning Text No. 16 :

(Literature quoted: "Third Report", ISCSH, H.M. Stationery Office, 1983 and "Lung Cancer Incidence and Type of Cigarette Smoked", P.N. Lee, Lung Cancer, Causes and Prevention, Chapter 22, 273 - 284, Verlag Chemie International, Inc., Deerfield Beach, Fla, USA, 1984).

This warning text appears to convey the meaning (whatever "svag" = "weak" might mean) that all cigarettes are more or less the same, regardless of their tar yield.

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Warning Text No 9 :

(Literature quoted: "Third Report", ISCSH, H.M. Stationery Office, 1983).

The warning text refers to the hypothetically expected frequency of lung cancer in women relative to breast cancer.

The Socialstyrelse quotes American sources and cites the "Surgeon General's belief" of what might happen in the future in the USA. On page 3 in the chapter on "Tar" of the "Third Report" upon analysis of British and international data, the Independent Scientific Committee on Smoking and Health concludes :

"Among women, lung cancer death rates continue to rise overall, but, despite increases in the relevant lifetime consumption of cigarettes, death rates appear to be levelling off at ages up to 50, again suggesting the impact of a reduction in tar yields".

The meaning conveyed by the warning text number 9 is obviously conflicting with the factual findings of the ISCSH.

Warning Text No. 14 :

(Literature quoted : "Co-Twin Control Study of the Relationship between Smoking and some Periodontal Disease Factors", J. Bergström, B. Floderus-Myrhed, Comm. Dent. Epid. 11, 113 - 116, 1983, and "Association Between Smoking Different Tobacco Products and Periodontal Disease Indexes", R.S. Feldman, J.S. Bravacos and Ch.L. Rose, J. Periodontology, 54 (8), 481 - 487, 1983.

The warning text alleges an increased risk of gingival inflammation.

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resulting in - which is particularly tragic - the loss of many years of healthy and productive life. In their analysis of the data for Switzerland, which is more detailed than the literature quoted by the Socialstyrelse, Leu and Schaub say :

- In their summary, page 3 : the mean life expectance for male smokers is 12 - 16 months shorter than that of non-smokers.

- Lebenserwartung, page 9 : "Bei Frauen ist die Zahl der auf Rauchen zurückzuführenden Todesfälle (noch) zu klein, um die Lebenserwartung der weiblichen Bevölkerung spürbar zu beinflussen."

- Altersverteilung, page 9 : "Die Zahl der durch Rauchen bedingten Todesfälle ist am grössten in den Altersklassen von 70 - 74 Jahren.

- Korrelation vs Kausalität, page 7 : The authors warn not to confound statistical association with causality, in particular with regard to cardiovascular diseases: " .. muss auch in bezug auf die gesamte Exzessmortalität der Raucher zwischen Korrelation und Kausalität unterschieden werden". "..als erste Annäherung ergibt sich, dass zwischen 30 und 70 % der gesamten Exzessmortalität der Raucher auf das Rauchen zurückgeführt werden können".

Bearing in mind the approximative nature of excess mortality estimates, and bearing in mind the drastic difference in magnitude of figures between those quoted by the Socialstyrelse and those found in the literature, we object to the numerical indication of figures because they give a scientifically unjustified impression of precision and magnitude.

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